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COVER LETTER

Division of Cor	porations			
SUBJECT: Pris-	Fine Lewn St	and SLSCing LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Bran	don Nave Name of Person		
		Laur + Landscaping) Firm/Company	ليات	
	5901 W	Address		
		Orunge, FL 32128 City/State and Zip Code		
	Pristin	clandscaping 33 0 gm to be used for future annual report notific	ici (.com	
For further information co	E-mail address: () oncerning this matter, please ca	all:	SECRED API	The state of the s
Brenden	Neve	at (784) 852	1535篇 =	
Name o	f Person	at (784) Area Code Area Code	Telephone Number	Ö
Enclosed is a check for the				
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAIL	ING ADDRESS:	STREET/COURIE		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pristing Lawn	& Land scaping LLC	
(Name of the Limited Liabili (A Florid	lty Company as it now appears on our records.) la Limited Liability Company)	
((()))		
The Articles of Organization for this Limited Liability O	Company were filed on 17-10-2015	and assigned
Florida document number L 150000 4454		
	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
	, , , , , , , , , , , , , , , , , , ,	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	<u>RESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis	stered office address on our records, ente	r the name of the new
registered agent and/or the new registered office add	<u>lress here</u> :	
	Ĩ	;;
Name of New Registered Agent:		
N. B. '. 100 A11	7	
New Registered Office Address:	Enter Florida street address	620 -
	,	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registere	Ż	
	<u> </u>	37
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c		
accept the obligations of my position as registered a		
being filed to merely reflect a change in the register		
company has been notified in writing of this change.		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brandon Nava	5901 Woodpoint Ter	🖸 Add
		Port Orange, FL 72128	□ Remove
			Change
AMBR	Christopher Megers	10 Woodlands Blud.	[\$\forall Add
		Ormand Beach, FL 72174	Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
		ACC ARE	Remove APA Charige
		ASSE	Change
			Add O
		RIDA	Remove
			☐ Change
		- All	Add
			□ Remove
			Change

n effective date is listed, te: If the date inserte cument's effective da	ed in this block does	s not meet the a	pplicable statu	filing or more that tory filing requ	n 90 days after f irements, this	iling.) I date w	Pursuant vill not b	to 605.02 e listed a
ective date, if othe	r than the date of	filing:			(optio	nal)	.	
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Filing Fee: \$25.00